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XX/XX/XXXX

Important Information

You are getting this letter because you have BOTH Medicare and Medi-Cal. The way you get your health care is changing. You will now have more choices to meet your health care needs.

This is the second letter telling you about your new options. You may choose a Cal MediConnect plan, or choose to stay with regular Medicare. If you choose to stay with regular Medicare, you must choose a Medi-Cal health plan for your Medi-Cal benefits. If you do not make a choice, we will choose one of the Cal MediConnect plans for you.

Based upon your past services and health care needs, you have been assigned to the Cal MediConnect plan named below. Unless you choose to stay with regular Medicare, you do not need to do anything and your coverage in this plan will become effective on MM/DD/YYYY: [Health Plan Name]

How will this change affect me?

Enrolling in a Cal MediConnect plan will:

- Keep your Medicare or Medi-Cal benefits without any extra costs.
- Keep all of the services or benefits you receive now.
- Ensure that all of your doctors, specialists, and other providers will work together to get you the care you need.
- Give additional transportation and vision benefits.

How does a Cal MediConnect plan help me?

The change is happening so your Medicare and Medi-Cal benefits work better together and work better for you.

Your choices include:

1. **Enrolling in a Cal MediConnect plan.** Cal MediConnect plans cover both Medicare and Medi-Cal services. If you join a Cal MediConnect plan, you will receive In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing home care through the Cal MediConnect plan. They also cover vision care and transportation. The Cal MediConnect plan will work with your doctors and providers to ensure you get the care you need.
2. **Enrolling in the Program of All-inclusive Care for the Elderly (PACE).** If you are 55 or older and need a higher level of care in order to live at home, you may be able to join PACE. PACE provides all Medicare and Medi-Cal benefits plus some extra services to help seniors who have chronic conditions live at home.
3. **Enrolling in a Medi-Cal health plan.** If you choose to stay with regular Medicare, you will not be assigned to a Cal MediConnect plan, but you must still choose a health plan in order to receive Medi-Cal. Joining a Medi-Cal plan will allow you to keep your Medicare doctors and hospitals and you will not lose any services. You will receive In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing facility care through the plan.

What should I do now?

Review the three choices above and decide which is best for you. Use the Health Plan Guidebook and Choice Book that will come in the mail from Health Care Options to help you. Ask your doctors and other health care providers to see which plans they work with.

You do not need to do anything to join the Cal MediConnect plan below.

If you do not want to enroll in [Health Plan Name,]
you can contact Health Care Options to select a different Cal MediConnect plan or to stay in regular Medicare. Contact Health Care Options by

MM/DD/YYYY.

Call Health Care Options at the number below OR by filling out and mailing back the Choice Form with the enclosed envelope. This form is in your Choice Book that will come in the mail from Health Care Options.

For help or more information

If you want to talk to a health insurance counselor about these changes and your choices, call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222**.

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you want to select a different Cal MediConnect plan, stay in regular Medicare, or get this letter in another language or alternate format – like large print, audio, or Braille, please call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077.

If you need further help, call the **Cal MediConnect Ombudsman** at 1-855-501-3077. This number will be operational starting 4/1/2014.

Frequently Asked Questions and Answers

1. What is the difference between Medicare and Medi-Cal?

Medicare and Medi-Cal are two separate programs that cover different services for eligible individuals. By joining a Cal MediConnect plan, your Medicare and Medi-Cal benefits work better together and work better for you.

- **Medicare** covers medical services like doctors, specialists, hospitals, and prescription drugs. Medicare also covers some medical equipment and home health.
- **Medi-Cal** covers any costs that Medicare doesn't pay for, including:
 - a. Deductibles,
 - b. IHSS, CBAS, MSSP, and nursing home care,
 - c. Transportation to medical appointments,
 - d. Medical equipment and supplies, like bandages or diapers.

2. What are the benefits of enrolling in a Cal MediConnect plan?

- You will get all of your Medicare and Medi-Cal benefits in one health plan, including doctors, hospitals, and prescription drugs.
- You will get one membership card and one phone number to call when you need help.
- You will get vision care and transportation to medical appointments.
- You can call a 24-hour nurse advice line for help.
- You can get a care coordinator. This person will answer your questions, help you find community services, assist you in making your medical appointments, and help you talk with your doctors.
- Your Cal MediConnect plan will ask you about your health care needs and work with you to create a personal care plan based on your goals.

3. How can I be sure my care continues after I join a Cal MediConnect plan?

Your new Cal MediConnect plan is required to ensure that you receive the quality care that you need. Your Cal MediConnect plan will contact you after you enroll to learn about your health care needs. They will work with you to make sure you get all the care you need.

If you have a scheduled treatment and are changing health plans, call your new Cal MediConnect plan right away. Tell the health plan about your upcoming treatment so they can work with you.

- **If you see a doctor who is not a part of the health plan's network,** you can keep seeing this doctor for up to six months if the doctor agrees to your new health plan's, rates, and has no quality issues.
- **If you are in a Medi-Cal nursing home,** the Cal MediConnect plan will work with you and your care team so you get the care you need. You can stay in your nursing home.

4. What can I do if I join a Cal MediConnect or PACE plan and don't like it?

In any month, you can dis-enroll from Cal MediConnect or PACE and go back to the regular Medicare or a Medicare Advantage plan. To do this, call Health Care Options at 1-844-580-7272 (TTY: 1-800-430-7077), or tell your health plan that you want to leave the plan. The health plan can help you make this choice.

- Remember that you will still be enrolled in the health plan for your Medi-Cal benefits. Your dis-enrollment only affects how you get your Medicare benefits.

5. What are Long Term Services and Supports? How will they work in a health plan?

Long Term Services and Supports (LTSS) are Medi-Cal benefits that help you with on-going personal care needs. In a health plan, these services and supports will work like they do today.

Your health plan will work with your doctors and LTSS providers. If you do not get these services now, your health plan can help you get them in the future if they are medically needed.

- **In-Home Supportive Services (IHSS):** Personal care services for people who need help to live safely in their homes.
 - ▶ If you get IHSS, your services will not change. You can keep your IHSS providers and you can still hire, fire, and manage your providers. The county IHSS social worker will still assess your needs and approve your IHSS hours. Your rights to appeal will stay the same. If you want, your health plan can work with you and your IHSS providers to make sure you get the care you need.
- **Community-Based Adult Services (CBAS):** These are daytime health care services at centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions.
 - ▶ Where available, your health plan will work with you and your doctor if you need this service. If you get CBAS today, your services will not change.

- **Multipurpose Senior Services Program (MSSP):** These are social and health care coordination services for people age 65 and older.
 - ▶ If you get MSSP services, you will still receive it through your current MSSP providers. Your health plan will work with them to better coordinate your care.
- **Nursing home care:** Your health plan will work with your doctor and nursing home to give you the same services that you get now and to better coordinate your care.

6. I don't use any Medi-Cal Long Term Services and Supports benefits. Why must I join a health plan?

The reason for this choice is to better coordinate your Medi-Cal services. If you need Long Term Services and Supports, the health plan will help you. Also, in a health plan, you can get transportation to medical appointments and call a 24-hour nurse advice line for help. Medi-Cal health plans will pay any extra Medicare costs that the State pays today, like your deductibles.